

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103712

FILED
Apr 22, 2006
Secretary of State

Entity Name: MASTER TECH PRESSURE WASHING, INC.

Current Principal Place of Business:

9320 RIDGE BLVD
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

9320 RIDGE BLVD
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 47-0933925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYNES, POMMIE LEE
9320 RIDGE BLVD
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

HAYNES, POMMIE LEE DP
9320 RIDGE BLVD
JACKSONVILLE, FL 32208 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: POMMIE LEE HAYNES

04/22/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HAYNES, POMMIE LEE
Address: 9320 RIDGE BLVD
City-St-Zip: JACKSONVILLE, FL 32208

Title: DV () Delete
Name: HAYNES, ALFONSO
Address: 9320 RIDGE BLVD
City-St-Zip: JACKSONVILLE, FL 32208

Title: DS () Delete
Name: HAYNES, TOSHA
Address: 9320 RIDGE BLVD
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HAYNES, POMMIE LEE DP
Address: 9320 RIDGE BLVD
City-St-Zip: JACKSONVILLE, FL 32208

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: POMMIE LEE HAYNES

DP

04/22/2006

Electronic Signature of Signing Officer or Director

Date